

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Democratic Executive Committee of Florida

ADDRESS (number and street)

214 South Bronough Street

☐Check if different  
than previously  
reported. (ACC)

Tallahassee

FL

32302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005561

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the  
State of

FL

(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Rudy Parker

Signature of Treasurer

Electronically Filed by Rudy Parker

Date

08

10

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Democratic Executive Committee of Florida

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		118135.33
(b) Cash on Hand at Beginning of Reporting Period .....	781607.32	
(c) Total Receipts (from Line 19) .....	1010572.39	3300751.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1792179.71	3418887.13
7. Total Disbursements (from Line 31) .....	1182611.83	2809319.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	609567.88	609567.88
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	18541.50	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Democratic Executive Committee of Florida

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	72506.00	326989.69
(i) Itemized (use Schedule A) .....	1511.00	58895.83
(ii) Unitemized .....	74017.00	385885.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	1818.70
(b) Political Party Committees .....	11200.00	695911.53
(c) Other Political Committees (such as PACs) .....	85217.00	1083615.75
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	925333.33	1025224.09
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	22.06	60843.26
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	19811.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	1111257.53
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	1111257.53
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1010572.39	3300751.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1010572.39	2189494.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	17810.30	343299.38
(i) Federal Share.....		
(ii) Non-Federal Share.....	67000.59	1250600.64
(b) Other Federal Operating Expenditures.....	28611.17	67860.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	113422.06	1661760.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	573639.89	585440.85
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	9000.00	18437.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	10000.00	19437.00
29. Other Disbursements.....	0.00	30531.39
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	83378.53	83378.53
(ii) "Levin" Share .....	313662.09	313662.09
(b) Federal Election Activity Paid Entirely With Federal Funds .....	88509.26	115108.42
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	485549.88	512149.04
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1182611.83	2809319.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	801949.15	1245056.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	85217.00	1083615.75
34. Total Contribution Refunds (from Line 28(d)) .....	10000.00	19437.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75217.00	1064178.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46421.47	411160.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	22.06	60843.26
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	46399.41	350317.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A.</b> Full Name (Last, First, Middle Initial) Edwin Barker			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 6	
Mailing Address 31 Barker Drive			<b>Transaction ID:</b> 11ai-000067012	
City State Zip Code Osprey FL 34229			Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Na		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Sergio Cernuda			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1408 Brickell Bay Drive, Apt. 1003			<b>Transaction ID:</b> 11ai-000067014	
City State Zip Code Miami FL 33133			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Self		Occupation Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Kirk Wagar			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 3250 Mary Street, Suite 302			<b>Transaction ID:</b> 11ai-000067016	
City State Zip Code Coconut Grove FL 33133-5232			Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Wagar Murray & Feit P.A.		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

11200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

A. Jeffrey Trammell

Mailing Address 1420 Rhode Island Ave Nw

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing federal political committee.

C

Name of Employer  
Hill & Knowlton, Inc.Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 11ai-000067017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Emily's List

Mailing Address 805 15th Street Northwest

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing federal political committee.

C

Name of Employer  
Emily's ListOccupation  
Corporation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 11ai-000066942

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Liggio

Mailing Address 1615 Forum Place

City State Zip Code  
 West Palm Beach FL 33401-2320

FEC ID number of contributing federal political committee.

C

Name of Employer  
Liggio Benrubi & Williams  
PAOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 11ai-000067018

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional) .....

15500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** John Rutledge

Mailing Address 165 rosehill drive west

City State Zip Code  
tallahassee FL 32312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Anesthesiology Assoc. of  
Tallahassee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 11ai-000067019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Edwin Walborsky

Mailing Address 438 E Government Street

City State Zip Code  
Pensacola FL 32501-6132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 11ai-000067022

Amount of Each Receipt this Period

7500.00

Full Name (Last, First, Middle Initial)

**C.** Robert A. Butterworth

Mailing Address 949 S.S. Lake Drive

City State Zip Code  
Hollywood FL 33019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Thomas U. School of  
Law

Occupation  
Dean of Law School

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 11ai-000067155

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine Chiles Mailing Address 3130 Baringer Hills Drive City State Zip Code Tallahassee FL 32311 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>			Date of Receipt <div>10 / 05 / 2006</div> <b>Transaction ID:</b> 11ai-000067156 Amount of Each Receipt this Period <div>250.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Bart D. Gunter Mailing Address 3449 Mahoney Drive City State Zip Code Tallahassee FL 32308 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Roger Gunter & Vaughn Insurance Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>			Date of Receipt <div>10 / 05 / 2006</div> <b>Transaction ID:</b> 11ai-000067157 Amount of Each Receipt this Period <div>500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Gary Parsons Mailing Address 3828 Shamrock Street West City State Zip Code Tallahassee FL 32309 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rogers Gunter & Vaughn Occupation Financial Planner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>			Date of Receipt <div>10 / 05 / 2006</div> <b>Transaction ID:</b> 11ai-000067158 Amount of Each Receipt this Period <div>1000.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
Michele Marie Rehwinkel-Vasilinda

Mailing Address 3018 Brandemere Drive

City State Zip Code  
Tallahassee FL 32312-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Community Col-  
legeOccupation  
Attorney/ Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	6

Transaction ID: 11ai-000067159

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas S. Roberts

Mailing Address 3600 Pine Tip Road

City State Zip Code  
Tallahassee FL 32312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	6

Transaction ID: 11ai-000067160

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
M. Sharon Maxwell

Mailing Address P.O. Box 150

City State Zip Code  
Tallahassee FL 32302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	6

Transaction ID: 11ai-000067023

Amount of Each Receipt this Period

6000.00

SUBTOTAL of Receipts This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A.</b> Full Name (Last, First, Middle Initial) David Weil Mailing Address 2338 Immokalee Rd A103 City Naples State FL Zip Code 34110 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Attorney & Businessman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 11ai-000067024 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Jeanne M. Jacobson Mailing Address 1521 South Lakeshore Drive City Sarasota State FL Zip Code 34231 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2026.06		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 11ai-000067163 Amount of Each Receipt this Period 2006.00
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Wheeler Mailing Address 871 Venetia Bay Blvd City Venice State FL Zip Code 34284 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 11ai-000067164 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....**2756.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
 Krista Maki  
 Mailing Address 731 NW 7th Drive

City State Zip Code  
 Boca Raton FL 33486

FEC ID number of contributing federal political committee.

C

Name of Employer  
IBMOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 6

Transaction ID: 11ai-000067025

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
 Jean Winton  
 Mailing Address 8804 Bay Ridge Blvd.

City State Zip Code  
 Orlando FL 32819

FEC ID number of contributing federal political committee.

C

Name of Employer  
Orange County Public SchoolsOccupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 0 / 2 0 0 6

Transaction ID: 11ai-000067028

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
 Frank Greer  
 Mailing Address 11166 Fairfax Blvd.Suite 300

City State Zip Code  
 Fairfax VA 22030

FEC ID number of contributing federal political committee.

C

Name of Employer  
GMMBOccupation  
Advertising & Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 11ai-000067034

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial)

E.I. Blocker

Mailing Address 1236 SE 12th Street

City State Zip Code  
 Ocala FL 34471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blocker Furniture & Carpe-  
ts, Inc.

Occupation  
Merchant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 11ai-000067166

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Joe W. Fixel

Mailing Address 211 S Gadsden Street

City State Zip Code  
 Tallahassee FL 32301-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fixel and McGuire

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 11ai-000067167

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Vincent Ryan

Mailing Address 745 Atlantic Avenue  
 11th Floor

City State Zip Code  
 Boston MA 02111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 11ai-000067170

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional) .....

10750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
 Rita Grumwald  
 Mailing Address 6864 East Trailway Drive

City State Zip Code  
 Bloomington IN 47408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 11ai-000067035

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Eric Bolz  
 Mailing Address 2515 Flamango Lake Dr

City State Zip Code  
 West Palm Beach Bo FL 33406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Science Application Inter-  
national

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 6

Transaction ID: 11ai-000067040

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
 Steve Slavkin  
 Mailing Address 2825 Laurel Leaf Drive

City State Zip Code  
 Valrico FL 33594

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drs. Howell, Whitehead &  
Assoc.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 6

Transaction ID: 11ai-000067041

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Trevor Chadderton

Mailing Address 999 Ponce De Leon Blvd.

City	State	Zip Code
Coral Gables	FL	33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGZOccupation  
Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

Transaction ID: 11ai-000067043

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Gary Layton

Mailing Address 6629 Mill Run Circle

City	State	Zip Code
Naples	FL	34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Endodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

Transaction ID: 11ai-000067044

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** David Kantor

Mailing Address 3701 Fau Blvd

City	State	Zip Code
Boca Raton	FL	33431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Victory Wholesale GrocersOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

Transaction ID: 11ai-000067045

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A.</b> Full Name (Last, First, Middle Initial) Maggie Lear Mailing Address 262 Central Park West 11C City New York State NY Zip Code 10024 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 11ai-000067046 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mark McCall Mailing Address 370 Warner Hill Rd. City Southport State CT Zip Code 06890 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lime Rock Management Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 11ai-000067047 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) David Leeds Mailing Address Dept. 02888264 City Sioux Falls State SD Zip Code 57186 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Artist & Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 11ai-000067048 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.**

Full Name (Last, First, Middle Initial)

Genevieve L. L. Dimmitt

Mailing Address 25485 US Highway 19 N

City

Clearwater

State

FL

Zip Code

33763-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vice President

Occupation

Dimmitt Cheverlot

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 11ai-000067049

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

72506.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 90

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
Christine Jennings For Congress 2006

Mailing Address PO Box 49135

City State Zip Code  
Sarasota FL 34230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 11c-000066943

Amount of Each Receipt this Period

3100.00

Transfer

**B.** Full Name (Last, First, Middle Initial)  
Christine Jennings For Congress 2006

Mailing Address PO Box 49135

City State Zip Code  
Sarasota FL 34230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 11c-000066944

Amount of Each Receipt this Period

3100.00

Transfer

**C.** Full Name (Last, First, Middle Initial)  
Carrie Meek for Congress

Mailing Address P.O. Box 01-6012

City State Zip Code  
Miami FL 33101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 11c-000067144

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

11200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 90

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
IBEW Educational Committee

Mailing Address 900 7th Street, NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 11c-000067174

Amount of Each Receipt this Period

-1000.00

**[MEMO ITEM]**

Contribution Refunded

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

11200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 90

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol Street

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50958.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 2 / 2 0 0 6

Transaction ID: 12-20-01133-01767

Amount of Each Receipt this Period

50000.00

**B.** Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 12-20-01138-01773

Amount of Each Receipt this Period

55000.00

**C.** Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 12-20-01143-01778

Amount of Each Receipt this Period

50000.00

**SUBTOTAL** of Receipts This Page (optional) .....

155000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 90

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: 12-20-01150-01785

Amount of Each Receipt this Period

30000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 12-20-01168-01803

Amount of Each Receipt this Period

216000.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic National Committee

Mailing Address 430 South Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79291.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 12-20-01173-01924

Amount of Each Receipt this Period

28333.33

**SUBTOTAL** of Receipts This Page (optional) .....

274333.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 90

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 12-20-01268-01916

Amount of Each Receipt this Period

75000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 12-20-01269-01917

Amount of Each Receipt this Period

65000.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic National Committee

Mailing Address 430 South Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

119291.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 12-20-01194-01925

Amount of Each Receipt this Period

40000.00

**SUBTOTAL** of Receipts This Page (optional) .....

180000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 90

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 12-20-01204-01839

Amount of Each Receipt this Period

216000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 12-20-01218-01866

Amount of Each Receipt this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Transaction ID: 12-20-01223-01871

Amount of Each Receipt this Period

85000.00

**SUBTOTAL** of Receipts This Page (optional) .....

316000.00

**TOTAL** This Period (last page this line number only) .....

925333.33

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Capital City Bank**

Mailing Address 2111 N. Monroe Street

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-20-01275-01923

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

30.00

## **B. The Tyson Organization**

Mailing Address 1000 Macon Street, Suite 300

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

Telephone Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-20-01176-01811

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

10076.94

## **C. Francisco Garcia**

Mailing Address 8630 Buccili Drive

City Orlando State FL Zip Code 32829

Purpose of Disbursement

Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-20-01009-01600

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10856.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Ian Ochs

Mailing Address 506 Battle Boulevard

City  
Austin

State  
TX

Zip Code  
78745

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01010-01601

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1179.17

Full Name (Last, First, Middle Initial)

**B.** David Osbon

Mailing Address 1621 NE Knott Street

City  
Portland

State  
OR

Zip Code  
97212

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01011-01602

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1056.69

Full Name (Last, First, Middle Initial)

**C.** Justin Smith

Mailing Address 3864 Harbor View Ct

City  
Jacksonville

State  
FL

Zip Code  
32208

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01012-01603

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1095.60

**SUBTOTAL** of Disbursements This Page (optional) .....

3331.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Robert Bunn

Mailing Address 209 Marshall Street

City  
Cedartown

State  
CT

Zip Code  
30125

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01013-01604

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

940.02

Full Name (Last, First, Middle Initial)

**B.** Jeffrey Tilton

Mailing Address 5262 East Alhambra Place

City  
Tuscon

State  
AZ

Zip Code  
85711

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01014-01605

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1069.60

Full Name (Last, First, Middle Initial)

**C.** Capital City Bank

Mailing Address 2111 N. Monroe Street

City  
Tallahassee

State  
FL

Zip Code  
32303

Purpose of Disbursement  
Merchant Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01200-01835

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

762.97

**SUBTOTAL** of Disbursements This Page (optional) .....

2772.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Capital City Bank**

Mailing Address 2111 N. Monroe Street

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement

Merchant Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-20-01201-01836

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

210.18

## **B. Capital City Bank**

Mailing Address 2111 N. Monroe Street

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement

Merchant Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-20-01202-01837

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

45.00

## **C. Edward Compere**

Mailing Address 22544 Sawfish Trail

City Boca Raton State FL Zip Code 33428

Purpose of Disbursement

Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-20-01217-01865

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

355.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Joseph Brinnkerhoff

Mailing Address 3801 N.W. 3rd Ave

City State Zip Code  
Boca Raton FL 33431

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01233-01881

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Kathy Bishop

Mailing Address 12678 SE Cascades Court

City State Zip Code  
Hobe Sound FL 33455

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01234-01882

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** John Burton

Mailing Address 214 S. Bronough Street

City State Zip Code  
Tallahassee FL 32302

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01235-01883

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

450.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Eric Brodie

Mailing Address 165 Galicia Way

City State Zip Code  
Jupiter FL 33477

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01236-01884

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B.** Jose Alvarez

Mailing Address 214 S. Bronough Street

City State Zip Code  
Tallahassee FL 32302

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01237-01885

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C.** Federico Castaneda

Mailing Address 5891 NE 18th Ave.

City State Zip Code  
Ft. Lauderdale FL 33334

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01240-01888

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Kendra Gedeon

Mailing Address 825 NW 13th St., Apt 201

City Boca Raton State FL Zip Code 33486

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01241-01889

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Alan Erlich

Mailing Address 214 S. Bronough Street

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01242-01890

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

**C.** Lenny Ferreira

Mailing Address 214 S. Bronough Street

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01243-01891

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

650.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Sheila Graham

Mailing Address 5200 NE 5th Trail  
#15

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01244-01892

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B.** Dustin O'Conner

Mailing Address 9411 NW 10th Street

City Plantation State FL Zip Code 33322

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01250-01898

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Marcus Neilson

Mailing Address 1800 Brevard Court  
Box 127

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01251-01899

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** David Kirschenbaum

Mailing Address 10345 SW 8th Terrace

City State Zip Code  
Miami FL 33174

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01252-01900

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Aubrey Le

Mailing Address 9056 Alexandra Cir.

City State Zip Code  
Wellington FL 33414

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01253-01901

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Todd Maki

Mailing Address 23431 Vista Linda Lane

City State Zip Code  
Boca Raton FL 33433

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01254-01902

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Marc Levitt

Mailing Address 10 Shannon Circle

City  
West Palm Beach

State  
FL

Zip Code  
33401

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01255-01903

Date of Disbursement

/   /

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B.** Michel S. Solon

Mailing Address 815 Indian River Street  
#77i

City  
Boca Raton

State  
FL

Zip Code  
33431

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01257-01905

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Stania Solon

Mailing Address 3330 Spanish Moss Terrace  
#207

City  
Lauderhill

State  
FL

Zip Code  
33319

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01258-01906

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Sapna Talati

Mailing Address 20812 Via Maderia Drive

City State Zip Code  
Boca Raton FL 33433

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01259-01907

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Joseph Rosenblat

Mailing Address 2101 Lucaya Bend  
#3

City State Zip Code  
Coconut Creek FL 33066

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01260-01908

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Rita Reagon

Mailing Address 1060 NW 48th Place

City State Zip Code  
Pompano Beach FL 33064

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-20-01261-01909

Date of Disbursement

/   /

Amount of Each Disbursement this Period

700.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 90

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Chris Schreiber

Mailing Address 104 Seashore Dr.

City  
Jupiter

State  
FL

Zip Code  
33477

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-20-01262-01910

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

27716.17

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Broward County DEC

Mailing Address 1824 North University Drive

City State Zip Code  
Plantation FL 33322

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 28a-20-01224-01872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Hills Democratic Club

Mailing Address 103 Fox Rd

City State Zip Code  
Hollywood FL 33024

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 28a-20-01225-01873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Pinellas County DEC

Mailing Address 8033 Bayshore Drive

City State Zip Code  
Seminole FL 33776

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 28a-20-01226-01874

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** CWA Miami

Mailing Address 7455 Collins Ave

City  
Miami Beach

State  
FL

Zip Code  
33141

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28a-20-01227-01875

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

9000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** IBEW Educational Committee

Mailing Address Local Union 2000, IBEW  
809 East Oak St., Ste 103

City Kissimmee State FL Zip Code 34744

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28c-20-01228-01876

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Time + Plus Payroll Services**

Mailing Address 3210 Lisa Court

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement  
See Memo Items

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-01205-0000

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

9217.42

Full Name (Last, First, Middle Initial)

## **B. Luis A. Navarro**

Mailing Address 929 Alachua Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-01205-01846

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

6046.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Karen L. Thurman**

Mailing Address 9067 SW 190th Avenue Road

City Dunnellon State FL Zip Code 34432

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-01205-01844

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

3170.79

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

9217.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Time + Plus Payroll Services**

Mailing Address 3210 Lisa Court

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement  
See Memo Items

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-01206-0000

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

3722.16

## **B. Time + Plus Payroll Services**

Mailing Address 3210 Lisa Court

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-01206-03724

Date of Disbursement

10 / 15 / 2006

Amount of Each Disbursement this Period

3722.16

[MEMO ITEM]

## **C. Mission Control**

Mailing Address 201 Adams St

City Manchester State CT Zip Code 06040

Purpose of Disbursement  
Early Vote Direct Mail

Candidate Name  
Ron Klein

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 30b-20-01169-01804

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

47740.00

**SUBTOTAL** of Disbursements This Page (optional) .....

51462.16

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Mission Control

Mailing Address 201 Adams St

City  
Manchester

State  
CT

Zip Code  
06040

Purpose of Disbursement  
Absentee Direct Mail

Candidate Name  
Ron Klein

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 30b-20-01170-01805

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

27829.68

**SUBTOTAL** of Disbursements This Page (optional) .....

27829.68

**TOTAL** This Period (last page this line number only) .....

88509.26

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 / 90

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carr, Riggs, & IngramNature of Debt (Purpose):  
Accounting Fees

Mailing Address 1713 Mahan Drive

City State ZIP Code  
Tallahassee FL 32308

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Production Resource GroupNature of Debt (Purpose):  
Audio Visual/Conference

Mailing Address 1902 Cypress Lake Drive

City State ZIP Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

18541.50

Transaction ID: 10-000166

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18541.50

1) **SUBTOTALS** This Period This Page (optional).....

18541.50

2) **TOTALS** This Period (last page this line number only).....

18541.50

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 43 / 90

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  DCCC		Full Name of Subordinate Committee			
		Mailing Address			
		City		State      ZIP Code	

  

Full Name (Last, First, Middle Initial) of Each Payee Media Strategies & Research				Purpose of Expenditure Media		<input type="text"/> Category/Type																					
Mailing Address 318 MASSACHUSETTS AVENUE, N.E.				Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">M</td> <td style="border: 1px solid black; text-align: center;">M</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">D</td> <td style="border: 1px solid black; text-align: center;">D</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
1	0		0					4		2	0	0	6														
City Washington		State DC						ZIP Code 20002																			
Name of Federal Candidate Supported Christine Jennings		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: FL District: 13																							
Aggregate General Election Expenditure for this Candidate ▶				55000.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																					
<b>Transaction ID:</b> 25-20-01147-01782																											

  

Full Name (Last, First, Middle Initial) of Each Payee Mission Control				Purpose of Expenditure Direct Mail		<input type="text"/> Category/Type																					
Mailing Address 201 Adams St				Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">M</td> <td style="border: 1px solid black; text-align: center;">M</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">D</td> <td style="border: 1px solid black; text-align: center;">D</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
1	0		0					5		2	0	0	6														
City Manchester		State CT						ZIP Code 06040																			
Name of Federal Candidate Supported Christine Jennings		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: FL District: 13																							
Aggregate General Election Expenditure for this Candidate ▶				107188.82		<input checked="" type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																					
<b>Transaction ID:</b> 25-20-00978-01568																											

  

Full Name (Last, First, Middle Initial) of Each Payee Media Strategies & Research				Purpose of Expenditure Media		<input type="text"/> Category/Type																					
Mailing Address 318 MASSACHUSETTS AVENUE, N.E.				Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">M</td> <td style="border: 1px solid black; text-align: center;">M</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">D</td> <td style="border: 1px solid black; text-align: center;">D</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> <td style="border: 1px solid black; text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
1	0		0					6		2	0	0	6														
City Washington		State DC						ZIP Code 20002																			
Name of Federal Candidate Supported Christine Jennings		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: FL District: 13																							
Aggregate General Election Expenditure for this Candidate ▶				323188.82		<input checked="" type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																					
<b>Transaction ID:</b> 25-20-00979-01569																											

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ▶		323188.82	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 44 / 90

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: DCCC		Full Name of Subordinate Committee  Mailing Address  City _____ State _____ ZIP Code _____	

  

Full Name (Last, First, Middle Initial) of Each Payee Media Strategies & Research				Purpose of Expenditure Media		<input type="text"/> Category/Type																					
Mailing Address 318 MASSACHUSETTS AVENUE, N.E.				Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	6	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28844.39</div>	
M	M	/	D			D	/	Y	Y	Y	Y																
1	0		1			6		2	0	0	6																
City _____ State _____ ZIP Code _____		Name of Federal Candidate Supported																									
Washington _____ DC _____ 20002		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>FL</u> District: <u>13</u>																									
Christine Jennings																											
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">352033.21</div> Transaction ID: 25-20-01015-01606				<input checked="" type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

  

Full Name (Last, First, Middle Initial) of Each Payee Media Strategies & Research				Purpose of Expenditure Media		<input type="text"/> Category/Type																					
Mailing Address 318 MASSACHUSETTS AVENUE, N.E.				Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	6	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">216000.00</div>	
M	M	/	D			D	/	Y	Y	Y	Y																
1	0		1			6		2	0	0	6																
City _____ State _____ ZIP Code _____		Name of Federal Candidate Supported																									
Washington _____ DC _____ 20002		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>FL</u> District: <u>13</u>																									
Christine Jennings																											
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">568033.21</div> Transaction ID: 25-20-01016-01607				<input checked="" type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

  

Full Name (Last, First, Middle Initial) of Each Payee Stebay, Brian E.				Purpose of Expenditure Salary		<input type="text"/> Category/Type																					
Mailing Address 214 S. Bronough Street				Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	6	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">632.62</div>	
M	M	/	D			D	/	Y	Y	Y	Y																
1	0		0			1		2	0	0	6																
City _____ State _____ ZIP Code _____		Name of Federal Candidate Supported																									
Tallahassee _____ FL _____ 32302		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u>FL</u> District: <u>22</u>																									
Ron Klein																											
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">12433.58</div> Transaction ID: 25-20-01272-01920				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; text-align: right;">245477.01</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ►			

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  DCCC	Full Name of Subordinate Committee	
Mailing Address		City State ZIP Code

  

Full Name (Last, First, Middle Initial) of Each Payee Time + Plus Payroll Services	Purpose of Expenditure Payroll Fees
Mailing Address 3210 Lisa Court	Category/Type
City State ZIP Code Tallahassee FL 32312	Date MM / DD / YYYY 10 / 13 / 2006
Name of Federal Candidate Supported Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential Ron Klein State: FL District: 22	Amount 15.36
Aggregate General Election Expenditure for this Candidate ▶ 12448.94 Transaction ID: 25-20-01207-01855	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

Full Name (Last, First, Middle Initial) of Each Payee Stebly, Brian E.	Purpose of Expenditure Salary
Mailing Address 214 S. Bronough Street	Category/Type
City State ZIP Code Tallahassee FL 32302	Date MM / DD / YYYY 10 / 13 / 2006
Name of Federal Candidate Supported Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential Ron Klein State: FL District: 22	Amount 632.62
Aggregate General Election Expenditure for this Candidate ▶ 13081.56 Transaction ID: 25-20-01210-01858	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

Full Name (Last, First, Middle Initial) of Each Payee Time + Plus Payroll Services	Purpose of Expenditure See Memo Items
Mailing Address 3210 Lisa Court	Category/Type
City State ZIP Code Tallahassee FL 32312	Date MM / DD / YYYY 10 / 15 / 2006
Name of Federal Candidate Supported Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential Ron Klein State: FL District: 22	Amount 2707.20
Aggregate General Election Expenditure for this Candidate ▶ 15788.76 Transaction ID: 25-20-01205-0021	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

SUBTOTAL of Expenditures This Page (optional) ▶	3355.18
TOTAL This Period (last page this line number only) ▶	



**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 47 / 90

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  DCCC	Full Name of Subordinate Committee	
Mailing Address		City State ZIP Code

  

Full Name (Last, First, Middle Initial) of Each Payee Time + Plus Payroll Services	Purpose of Expenditure Payroll Taxes
Mailing Address 3210 Lisa Court	Category/Type
City State ZIP Code Tallahassee FL 32312	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Name of Federal Candidate Supported Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential Ron Klein State: FL District: 22	Amount 1294.59
Aggregate General Election Expenditure for this Candidate ▶ 0.00 Transaction ID: 25-20-01206-01852	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

Full Name (Last, First, Middle Initial) of Each Payee Petrick, Julie	Purpose of Expenditure Auto Travel
Mailing Address 701 N.E. 33rd St.	Category/Type
City State ZIP Code Ft. Lauderdale FL 33306	Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Name of Federal Candidate Supported Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential Ron Klein State: FL District: 22	Amount 199.72
Aggregate General Election Expenditure for this Candidate ▶ 17283.07 Transaction ID: 25-20-01263-01911	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

Full Name (Last, First, Middle Initial) of Each Payee Scarpa, Shelby	Purpose of Expenditure Auto Travel
Mailing Address 214 S. Bronough Street	Category/Type
City State ZIP Code Tallahassee FL 32302	Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Name of Federal Candidate Supported Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential Ron Klein State: FL District: 22	Amount 79.96
Aggregate General Election Expenditure for this Candidate ▶ 17363.03 Transaction ID: 25-20-01264-01912	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

  

SUBTOTAL of Expenditures This Page (optional) .....	279.68
TOTAL This Period (last page this line number only) .....	

**SCHEDULE F (FECForm 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee	
If YES, name the designating committee: DCCC		Mailing Address	
		City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee Stebly, Brian E.		Purpose of Expenditure Auto Travel	<input type="text"/> Category/Type
Mailing Address 214 S. Bronough Street			
City Tallahassee	State FL	ZIP Code 32302	
Name of Federal Candidate Supported Ron Klein	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
State: FL District: 22		Amount 44.61	
Aggregate General Election Expenditure for this Candidate ▶ 17407.64		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: 25-20-01265-01913			

SUBTOTAL of Expenditures This Page (optional) .....	▶ 44.61
TOTAL This Period (last page this line number only) .....	▶ 573639.89



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 49 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Baker, Shamika

Mailing Address

19409 Via Del Mar Apt. 307

City State Zip Code  
 Tampa FL 33647

Purpose of Disbursement:  
 Salary

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1162739.67

Date   /   /

Transaction ID: 21a-20-01273-01921

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

96.03

361.27

457.30

**B. Full Name (Last, First, Middle Initial)**  
 Wiggins, Dirk

Mailing Address

c/o Florida Democratic Party P.O. Box 1758

City State Zip Code  
 Tallahassee FL 32302

Purpose of Disbursement:  
 See Memo Items

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1169396.05

Date   /   /

Transaction ID: 21a-20-01139-0003

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1397.84

5258.54

6656.38

**C. Full Name (Last, First, Middle Initial)**  
 CDW Direct

Mailing Address

200 N. Milwaukee Avenue

City State Zip Code  
 Vernon Hills IL 60061

Purpose of Disbursement:  
 Computer Equipment

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date   /   /

Transaction ID: 21a-20-01139-01774

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1397.84

5258.54

6656.38

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1493.87

5619.81

7113.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 50 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Smith, Sarah R.

Mailing Address

1711 N. Meridian Apt #12

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement:  
 Mileage

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1169554.05

Date 

M	M
1	0

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01140-01775

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

33.18

124.82

158.00

**B. Full Name (Last, First, Middle Initial)**  
 Thurman, Karen L.

Mailing Address

9067 SW 190th Avenue Road

City	State	Zip Code
Dunnellon	FL	34432

Purpose of Disbursement:  
 See Memo Items

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1171167.15

Date 

M	M
1	0

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01141-0003

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

338.75

1274.35

1613.10

**C. Full Name (Last, First, Middle Initial)**  
 Azalea Place

Mailing Address

600 Victory Garden Drive

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
 Lodging

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01141-01776

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

275.12

1034.98

1310.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

371.93

1399.17

1771.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 51 / 90  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Thurman, Karen L.

Mailing Address

9067 SW 190th Avenue Road

City	State	Zip Code
Dunnellon	FL	34432

Purpose of Disbursement:  
 Mileage

Category/Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01141-01931

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.63		239.37		303.00

**B. Full Name (Last, First, Middle Initial)**  
 Andrews Plus

Mailing Address

106 East College Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
 Consulting Fees/NonFederal Media

Category/Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1181167.15

Date 

M	M
1	0

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01146-01781

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2100.00		7900.00		10000.00

**C. Full Name (Last, First, Middle Initial)**  
 Bubriski, Mark

Mailing Address

1730 Seaton Street, NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
 Travel and Lodging

Category/Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1182921.30

Date 

M	M
1	0

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01148-01783

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
368.37		1385.78		1754.15

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2468.37		9285.78		11754.15

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 52 / 90  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Service Office Supply

Mailing Address

P.O. Box 15038

City	State	Zip Code
Tallahassee	FL	32317-5038

Purpose of Disbursement:  
Office Supplies

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1183359.34

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01153-01788

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.99		346.05		438.04

**B. Full Name (Last, First, Middle Initial)**  
Elsasser's Lock & Key, Inc.

Mailing Address

1909 North Monroe Street

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement:  
Repairs and Maintenance

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1183515.75

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01155-01790

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.85		123.56		156.41

**C. Full Name (Last, First, Middle Initial)**  
Ferguson, Lonnie

Mailing Address

214 S Bronough Street

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
Audio Visual Services

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1183690.75

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01156-01791

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.75		138.25		175.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.59		607.86		769.45

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 53 / 90  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Epic Orlando LLC

Mailing Address

639 E. Colonial Dr Suite 201

City	State	Zip Code
Orlando	FL	32803

Purpose of Disbursement:  
Rent

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1188690.75

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01157-01792

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1050.00

3950.00

5000.00

**B. Full Name (Last, First, Middle Initial)**  
Anagram Corporation

Mailing Address

310 West Jefferson St.

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
Rent

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1197559.50

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01158-01793

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1862.44

7006.31

8868.75

**C. Full Name (Last, First, Middle Initial)**  
Bell South Communications

Mailing Address

P.O. Box 70807

City	State	Zip Code
Charlotte	NC	28272-0807

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1198542.56

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01159-01794

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

206.44

776.62

983.06

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3118.88

11732.93

14851.81

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 ElectroNet

Mailing Address

3411 Capital Medical Boulevard

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement:  
 Internet

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1198712.56

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01160-01795

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

35.70

134.30

170.00

**B. Full Name (Last, First, Middle Initial)**  
 Capital Business Center

Mailing Address

1851 South Monroe Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
 Rent

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1198899.16

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01161-01796

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

39.19

147.41

186.60

**C. Full Name (Last, First, Middle Initial)**  
 Embarq Communications

Mailing Address

P. O. Box 88026

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement:  
 Telephone

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1199543.51

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01162-01797

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

135.31

509.04

644.35

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

210.20

790.75

1000.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Avalanche Technology

Mailing Address

2450 Tim Gamble Place

City	State	Zip Code
Tallahassee	FL	32308

Purpose of Disbursement:  
 Internet

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1199832.51

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01163-01798

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.69		228.31		289.00

**B. Full Name (Last, First, Middle Initial)**  
 The Service Source

Mailing Address

P.O. Box 279

City	State	Zip Code
Adrian	MI	49221

Purpose of Disbursement:  
 Office Supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1199952.76

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01164-01799

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.25		95.00		120.25

**C. Full Name (Last, First, Middle Initial)**  
 Union Printing

Mailing Address

2321 Pembroke Road

City	State	Zip Code
Hollywood	FL	33020

Purpose of Disbursement:  
 Admin Printing

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1200756.24

Date 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01165-01800

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.73		634.75		803.48

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
254.67		958.06		1212.73

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 56 / 90  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Federal Express

Mailing Address

PO Box 94515

City	State	Zip Code
Palatine	IL	60094-4515

Purpose of Disbursement:  
ShippingCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1200789.88

Date 10 / 05 / 2006

Transaction ID: 21a-20-01166-01801

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.06		26.58		33.64

**B. Full Name (Last, First, Middle Initial)**  
Lou Rawls Center for the Performing Arts

Mailing Address

5800 NW 42nd Ave

City	State	Zip Code
Miami Gardens	FL	33133

Purpose of Disbursement:  
Site RentalCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1201760.88

Date 10 / 09 / 2006

Transaction ID: 21a-20-01175-01810

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
203.91		767.09		971.00

**C. Full Name (Last, First, Middle Initial)**  
Comcast

Mailing Address

PO Box 530098

City	State	Zip Code
Atlanta	GA	30353-0098

Purpose of Disbursement:  
CableCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1202126.06

Date 10 / 09 / 2006

Transaction ID: 21a-20-01178-01813

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.69		288.49		365.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
287.66		1082.16		1369.82

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Moreson Conferencing, Inc.

Mailing Address

39131 Treasury Center

City	State	Zip Code
Chicago	IL	60694-9100

Purpose of Disbursement:  
TelephoneCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1202462.17

Date 10 / 09 / 2006

Transaction ID: 21a-20-01179-01814

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.58		265.53		336.11

**B. Full Name (Last, First, Middle Initial)**  
Voter Activation Network

Mailing Address

54 Regents Street

City	State	Zip Code
Cambridge	MA	02140

Purpose of Disbursement:  
Server MaintenanceCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1206014.67

Date 10 / 09 / 2006

Transaction ID: 21a-20-01180-01815

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
746.03		2806.47		3552.50

**C. Full Name (Last, First, Middle Initial)**  
Cusack, Joyce

Mailing Address

224 North Woodland Boulevard

City	State	Zip Code
Deland	FL	32720

Purpose of Disbursement:  
Travel and LodgingCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1206764.67

Date 10 / 09 / 2006

Transaction ID: 21a-20-01182-01817

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
974.11		3664.50		4638.61

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Bubriski, Mark

Mailing Address

1730 Seaton Street, NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Travel and LodgingCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1207357.61

Date 10 / 09 / 2006

Transaction ID: 21a-20-01184-01819

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
124.52		468.42		592.94

**B. Full Name (Last, First, Middle Initial)**  
Bell South Communications

Mailing Address

P.O. Box 70807

City	State	Zip Code
Charlotte	NC	28272-0807

Purpose of Disbursement:  
TelephoneCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1208407.61

Date 10 / 10 / 2006

Transaction ID: 21a-20-01177-01812

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
220.50		829.50		1050.00

**C. Full Name (Last, First, Middle Initial)**  
Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Drive

City	State	Zip Code
Tallahassee	FL	32310

Purpose of Disbursement:  
JanitorialCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1208907.61

Date 10 / 10 / 2006

Transaction ID: 21a-20-01185-01820

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
450.02		1692.92		2142.94

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
All Points Communications, LLC

Mailing Address

Post Office Box 416

City	State	Zip Code
Canaan	NH	03741

 Purpose of Disbursement:  
Airfare
Category/  
Type
 Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1209726.61

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	6

Transaction ID: 21a-20-01186-01821

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

171.99

647.01

819.00

**B. Full Name (Last, First, Middle Initial)**  
Haggard, Lora M

Mailing Address

29 Briarwood Drive

City	State	Zip Code
Ringgold	GA	30736

 Purpose of Disbursement:  
Consulting Fees/Compliance
Category/  
Type
 Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1214726.61

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	0	6

Transaction ID: 21a-20-01187-01822

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1050.00

3950.00

5000.00

**C. Full Name (Last, First, Middle Initial)**  
The Service Source

Mailing Address

P.O. Box 279

City	State	Zip Code
Adrian	MI	49221

 Purpose of Disbursement:  
Office Supplies
Category/  
Type
 Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1215407.55

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	0	6

Transaction ID: 21a-20-01188-01823

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

143.00

537.94

680.94

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1364.99

5134.95

6499.94

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 60 / 90  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**

Wiggins, Dirk

Mailing Address

c/o Florida Democratic Party P.O. Box 1758

City State Zip Code

Tallahassee FL 32302

Purpose of Disbursement:

See Memo Items

Category/  
Type

Activity or Event Identifier:

Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1216250.29

Date

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 21a-20-01189-0003

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

176.98

665.76

842.74

**B. Full Name (Last, First, Middle Initial)**

CDW Direct

Mailing Address

200 N. Milwaukee Avenue

City State Zip Code

Vernon Hills IL 60061

Purpose of Disbursement:

Computer Equipment

Category/  
Type

Activity or Event Identifier:

Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 21a-20-01189-01824

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

176.98

665.76

842.74

**C. Full Name (Last, First, Middle Initial)**

Premium Assignment

Mailing Address

P.O. Box 3100

City State Zip Code

Tallahassee FL 32315

Purpose of Disbursement:

Insurance

Category/  
Type

Activity or Event Identifier:

Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1217355.06

Date

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 6

Transaction ID: 21a-20-01190-01825

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

232.00

872.77

1104.77

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

408.98

1538.53

1947.51

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
The Service Source

Mailing Address

P.O. Box 279

City State Zip Code

Adrian MI 49221

Purpose of Disbursement:  
Office SuppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1217761.44

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	0	6

Transaction ID: 21a-20-01191-01826

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

85.34

321.04

406.38

**B. Full Name (Last, First, Middle Initial)**  
Ceridian Benefit Services

Mailing Address

P. O. Box 10989

City State Zip Code

Newark NJ 07193-0989

Purpose of Disbursement:  
InsuranceCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1217808.44

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	0	6

Transaction ID: 21a-20-01192-01827

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.87

37.13

47.00

**C. Full Name (Last, First, Middle Initial)**  
Lamkay, Melissa

Mailing Address

214 South Bronough Street

City State Zip Code

Tallahassee FL 32302

Purpose of Disbursement:  
SalaryCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1218049.56

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	6

Transaction ID: 21a-20-01196-01831

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.64

190.48

241.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

145.85

548.65

694.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 62 / 90  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Lee, Jacqueline R.

Mailing Address

P.O. Box 1758

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
 See Memo Items

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1220298.30

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-0003

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

472.24

1776.50

2248.74

**B. Full Name (Last, First, Middle Initial)**

Florida Department of Highway Safety &amp; Motor Vehicles

Mailing Address

2900 Apalachee Parkway

City	State	Zip Code
Tallahassee	FL	32399

Purpose of Disbursement:  
 Tolls

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-01926

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.81

18.09

22.90

**C. Full Name (Last, First, Middle Initial)**

Wyndham Westshore Hotel

Mailing Address

4860 West Kennedy Boulevard

City	State	Zip Code
Tampa	FL	33609

Purpose of Disbursement:  
 Lodging

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-01927

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

51.27

192.89

244.16

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

472.24

1776.50

2248.74

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 63 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Blimpie

Mailing Address

6332 N Dale Mabry Hwy

City	State	Zip Code
Tampa	FL	33614

Purpose of Disbursement:  
Food for DEC TrainingCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-01928

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

24.00

90.28

114.28

**B. Full Name (Last, First, Middle Initial)**  
Staples

Mailing Address

Apalachee Hwy

City	State	Zip Code
Tallahassee	FL	30302

Purpose of Disbursement:  
Office SuppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-01929

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

20.48

77.02

97.50

**C. Full Name (Last, First, Middle Initial)**  
Wyndham Westshore Hotel

Mailing Address

4860 West Kennedy Boulevard

City	State	Zip Code
Tampa	FL	33609

Purpose of Disbursement:  
InternetCategory/  
TypeActivity or Event Identifier:  
Administrative 2005/2006**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-01930

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.79

36.83

46.62

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 64 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Lee, Jacqueline R.

Mailing Address

P.O. Box 1758

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
 Mileage

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01197-01832

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

361.89

1361.39

1723.28

**B. Full Name (Last, First, Middle Initial)**  
 Com Tel Technology Group

Mailing Address

2602 E 7th Ave Ste 200

City	State	Zip Code
Tampa	FL	33605

Purpose of Disbursement:  
 Telephone

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1222811.70

Date 

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01198-01833

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

527.81

1985.59

2513.40

**C. Full Name (Last, First, Middle Initial)**  
 Mark Herron, P.A.

Mailing Address

215 S. Monroe St. Suite 3550

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement:  
 Consulting Fees/Legal

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1223811.70

Date 

M	M
1	0

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01203-01838

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

210.00

790.00

1000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

737.81

2775.59

3513.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 65 / 90  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Time + Plus Payroll Services

Mailing Address

3210 Lisa Court

City	State	Zip Code
Tallahassee	FL	32312

 Purpose of Disbursement:  
Payroll Fees
Category/  
Type
 Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1223869.28

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Transaction ID: 21a-20-01207-01854

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.09		45.49		57.58

**B. Full Name (Last, First, Middle Initial)**  
Baker, Shamika

Mailing Address

19409 Via Del Mar Apt. 307

City	State	Zip Code
Tampa	FL	33647

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1224868.03

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Transaction ID: 21a-20-01208-01856

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.74		789.01		998.75

**C. Full Name (Last, First, Middle Initial)**  
Zervigon, Mario F.

Mailing Address

1335 Arabella St. Apt. 5

City	State	Zip Code
New Orleans	LA	70115

 Purpose of Disbursement:  
Salary
Category/  
Type
 Activity or Event Identifier:  
Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1225971.98

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Transaction ID: 21a-20-01209-01857

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
231.83		872.12		1103.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
453.66		1706.62		2160.28

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 66 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Time + Plus Payroll Services

Mailing Address

3210 Lisa Court

City	State	Zip Code
Tallahassee	FL	32312

Purpose of Disbursement:  
 See Memo Items

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1240630.11

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01205-0003

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3078.21

11579.92

14658.13

**B. Full Name (Last, First, Middle Initial)**  
 Lamkay, Melissa

Mailing Address

214 South Bronough Street

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
 Salary

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01205-01847

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

43.05

161.97

205.02

**C. Full Name (Last, First, Middle Initial)**  
 Herron, Nora

Mailing Address

503 North Ride

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement:  
 Salary

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01205-01848

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

296.41

1115.05

1411.46

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3078.21

11579.92

14658.13

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 67 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
Perry, Phillip

Mailing Address

214 S. Bronough Street

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01205-01850

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

209.74

789.01

998.75

**B. Full Name (Last, First, Middle Initial)**  
Smith, Sarah R.

Mailing Address

1711 N. Meridian Apt #12

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01205-01851

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

317.77

1195.44

1513.21

**C. Full Name (Last, First, Middle Initial)**  
Morgan, Anne

Mailing Address

741 West Keller Street

City	State	Zip Code
Hernando	FL	34442

Purpose of Disbursement:  
Salary

Category/  
Type

Activity or Event Identifier:  
Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01205-01840

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

449.10

1689.45

2138.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 68 / 90

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**

Wiggins, Dirk

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Mailing Address

c/o Florida Democratic Party P.O. Box 1758

City State Zip Code

Tallahassee FL 32302

Purpose of Disbursement:

Salary

Category/  
Type

Activity or Event Identifier:

Administrative 2005/2006

**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

1 0

1 5

2 0 0 6

Transaction ID: 21a-20-01205-01841

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

509.00

1914.83

2423.83

**B. Full Name (Last, First, Middle Initial)**

Lee, Jacqueline R.

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Mailing Address

P.O. Box 1758

City State Zip Code

Tallahassee FL 32302

Purpose of Disbursement:

Salary

Category/  
Type

Activity or Event Identifier:

Administrative 2005/2006

**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

1 0

1 5

2 0 0 6

Transaction ID: 21a-20-01205-01842

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

610.84

2297.93

2908.77

**C. Full Name (Last, First, Middle Initial)**

Joseph, Leonard

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Mailing Address

19 Celebration Ave.

City State Zip Code

Celebration FL 32802

Purpose of Disbursement:

Salary

Category/  
Type

Activity or Event Identifier:

Administrative 2005/2006

**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

1 0

1 5

2 0 0 6

Transaction ID: 21a-20-01205-01845

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

642.29

2416.25

3058.54

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 69 / 90  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last, First, Middle Initial)**  
 Time + Plus Payroll Services

Mailing Address

3210 Lisa Court

City	State	Zip Code
Tallahassee	FL	32312

Purpose of Disbursement:  
 See Memo Items

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1247093.26

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01206-0003

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1357.26

5105.89

6463.15

**B. Full Name (Last, First, Middle Initial)**  
 Time + Plus Payroll Services

Mailing Address

3210 Lisa Court

City	State	Zip Code
Tallahassee	FL	32312

Purpose of Disbursement:  
 Payroll Taxes

Category/  
Type

Activity or Event Identifier:  
 Administrative 2005/2006

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: 21a-20-01206-01853

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1357.26

5105.89

6463.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1357.26

5105.89

6463.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

17810.30

67000.59

84810.89

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR SHARED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 70 / 90

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**A. Full Name (Last ,First, Middle Initial) / Full Organization Name**

Mack Crounse Group

**Type of Allocated Activity or Event:**

☐ Voter Registration ☒ GOTV  
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

372879.09

Mailing Address  
 1566 Village Square Blvd.  
 Suite 1

City State Zip Code  
 Tallahassee FL 32309

Purpose of Disbursement  
 Early Vote Direct Mail

Category/  
 Type

Date   /   /

FEDERAL SHARE

78304.61

+

LEVIN SHARE

294574.48

=

TOTAL AMOUNT

372879.09

Transaction ID: 30a-20-01231-01879

**B. Full Name (Last ,First, Middle Initial) / Full Organization Name**

Mack Crounse Group

**Type of Allocated Activity or Event:**

☐ Voter Registration ☒ GOTV  
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

397040.62

Mailing Address  
 1566 Village Square Blvd.  
 Suite 1

City State Zip Code  
 Tallahassee FL 32309

Purpose of Disbursement  
 Absentee Mailing

Category/  
 Type

Date   /   /

FEDERAL SHARE

5073.92

+

LEVIN SHARE

19087.61

=

TOTAL AMOUNT

24161.53

Transaction ID: 30a-20-01212-01860

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE

83378.53

+

LEVIN SHARE

313662.09

=

TOTAL AMOUNT

397040.62

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

83378.53

LEVIN SHARE

313662.09

TOTAL AMOUNT

397040.62

**TOTAL** This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL25

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of FloridaNAME OF ACCOUNT  
Levin Account

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	296500.00	296500.00
b. Unitemized.....	100.00	100.00
c. Total.....	296600.00	296600.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	296600.00	296600.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS..... (from Line 3)	296600.00	296600.00
9. SUBTOTAL..... (Add Lines 7 and 8)	296600.00	296600.00
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		296600.00

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Petro PAC**

Mailing Address 209 Office Plaza Drive

City State Zip Code  
Tallahassee FL 32301

Name of Employer or Principal Place of Business  
Petro PAC

Occupation  
Fuel PAC

Full Name (Last, First, Middle Initial)

## **B. Preferred Medical Plan, Inc.**

Mailing Address 4950 SW 8th Street

City State Zip Code  
Coral Gables FL 33134

Name of Employer or Principal Place of Business  
Preferred Medical Plan,

Occupation  
Health Care

Full Name (Last, First, Middle Initial)

## **C. Cigar Association Of America Inc.**

Mailing Address 1707 H Street, N.W.  
Suite # 800

City State Zip Code  
Washington DC 20006

Name of Employer or Principal Place of Business  
Cigar Association Of Amer-

ica Inc.  
Occupation  
Cigar Association

Full Name (Last, First, Middle Initial)

## **D. Becker & Poliakoff, P.A.**

Mailing Address 3111 Stirling Road

City State Zip Code  
Ft. Lauderdale FL 33312-6525

Name of Employer or Principal Place of Business  
Becker & Poliakoff, P.A.

Occupation  
Law Firm

**Transaction ID:** 1a-000066902

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**Account:** 25

**Transaction ID:** 1a-000066858

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066884

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

**Account:** 25

**Transaction ID:** 1a-000066869

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

19000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Greenberg Traurig**

Mailing Address 1221 Brickell Avenue

City  
Miami

State  
FL

Zip Code  
33131

Name of Employer or Principal Place of Business  
Greenberg Traurig

Occupation  
Law Firm

Full Name (Last, First, Middle Initial)

## **B. The Clarkson Company**

Mailing Address 3100 University Blvd, Suite 200

City  
Jacksonville

State  
FL

Zip Code  
32216

Name of Employer or Principal Place of Business  
The Clarkson Company

Occupation  
Real Estate Developer

Full Name (Last, First, Middle Initial)

## **C. FIC PAC**

Mailing Address PO Box 13686

City  
Tallahassee

State  
FL

Zip Code  
32317

Name of Employer or Principal Place of Business  
Florida Insurance Council

Occupation  
PAC

Full Name (Last, First, Middle Initial)

## **D. FIC PAC**

Mailing Address PO Box 13686

City  
Tallahassee

State  
FL

Zip Code  
32317

Name of Employer or Principal Place of Business  
Florida Insurance Council

Occupation  
PAC

Transaction ID: 1a-000066871

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: 25

Transaction ID: 1a-000066772

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Account: 25

Transaction ID: 1a-000066713

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Account: 25

Transaction ID: 1a-000066748

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

5000.00

Account: 25

**SUBTOTAL** of Receipts This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. FIC PAC**

Mailing Address PO Box 13686

City

Tallahassee

State

FL

Zip Code

32317

Name of Employer or Principal Place of Business

Florida Insurance Council

Occupation

PAC

Full Name (Last, First, Middle Initial)

## **B. Florida Action Committee For Rural Electrification**

Mailing Address 2916 Apalachee Parkway

City

Tallahassee

State

FL

Zip Code

32302

Name of Employer or Principal Place of Business

Florida Action Committee

For Rural Ele

Occupation

PAC

Full Name (Last, First, Middle Initial)

## **C. Palm Beach Kennel Club**

Mailing Address 1111 North Congress Avenue

City

West Palm Beach

State

FL

Zip Code

33409

Name of Employer or Principal Place of Business

Palm Beach Kennel Club

Occupation

Pari-mutuel

Full Name (Last, First, Middle Initial)

## **D. Huizenga Holdings, Inc.**

Mailing Address 450 East Las Olas Boulevard  
Suite 1500

City

Ft. Lauderdale

State

FL

Zip Code

33301

Name of Employer or Principal Place of Business

Huizenga Holdings, Inc.

Occupation

Chairman

**Transaction ID:** 1a-000066758

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

9000.00

**Account:** 25

**Transaction ID:** 1a-000066890

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066707

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066706

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

24000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Beer Distributor's Committee For Good Government**

Mailing Address P.O. Box 3313

City State Zip Code  
Tallahassee FL 32315

Name of Employer or Principal Place of Business

Beer Industry of Florida,

Occupation

CCE

Full Name (Last, First, Middle Initial)

## **B. Bristol-Myers Squibb Company**

Mailing Address 515 North Meridian Street

City State Zip Code  
Tallahassee FL 32301

Name of Employer or Principal Place of Business

Bristol-Myers Squibb Comp-

Occupation

Pharmaceuticals

Full Name (Last, First, Middle Initial)

## **C. Florida Wholesale Spirits CCE**

Mailing Address PO Box 361

City State Zip Code  
Tallahassee FL 32302

Name of Employer or Principal Place of Business

Florida Wholesale Spirits

Occupation

CCE

Full Name (Last, First, Middle Initial)

## **D. Ronald Book, P.A. Operating Account**

Mailing Address 2999 NE 191st Street, STE. PH-6

City State Zip Code  
Aventura FL 33180

Name of Employer or Principal Place of Business

Ronald Book, P.A. Operati-

Occupation

Consultant

**Transaction ID:** 1a-000066777

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

**Account:** 25

**Transaction ID:** 1a-000066711

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

**Account:** 25

**Transaction ID:** 1a-000066724

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

8500.00

Aggregate Year-to-Date

8500.00

**Account:** 25

**Transaction ID:** 1a-000066703

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

20500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Florida Beer Wholesalers**

Mailing Address 230 S Adams Street, Suite 300

City State Zip Code  
Tallahassee FL 32301

Name of Employer or Principal Place of Business  
Florida Beer Wholesalers

Occupation  
Beer Distributor

Full Name (Last, First, Middle Initial)

## **B. Florida Beer Wholesalers**

Mailing Address 230 S Adams Street, Suite 300

City State Zip Code  
Tallahassee FL 32301

Name of Employer or Principal Place of Business  
Florida Beer Wholesalers

Occupation  
Beer Distributor

Full Name (Last, First, Middle Initial)

## **C. Florida Beer Wholesalers**

Mailing Address 230 S Adams Street, Suite 300

City State Zip Code  
Tallahassee FL 32301

Name of Employer or Principal Place of Business  
Florida Beer Wholesalers

Occupation  
Beer Distributor

Full Name (Last, First, Middle Initial)

## **D. Merck & Company, Inc.**

Mailing Address One Merck Drive  
P.O. Box 1200

City State Zip Code  
Whitehouse Station NJ 08889

Name of Employer or Principal Place of Business  
President

Occupation  
Healthcare

**Transaction ID:** 1a-000066752

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

**Transaction ID:** 1a-000066751

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066750

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

7500.00

**Account:** 25

**Transaction ID:** 1a-000066901

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Bank of America PAC**

Mailing Address 600 Peachtree Street, NE, 3rd Floor

City Atlanta State GA Zip Code 30308-3615

Name of Employer or Principal Place of Business  
Bank of America PAC

Occupation  
PAC

Full Name (Last, First, Middle Initial)

## **B. Silver City Properties, Ltd.**

Mailing Address 3260 University Blvd

City Winter Park State FL Zip Code 32792-7436

Name of Employer or Principal Place of Business  
Silver City Properties,

Occupation  
Developers

Full Name (Last, First, Middle Initial)

## **C. Florida East Coast Industries**

Mailing Address PO Box 1048

City St. Augustine State FL Zip Code 32085

Name of Employer or Principal Place of Business  
Florida East Coast Industries

Occupation  
Agriculture

Full Name (Last, First, Middle Initial)

## **D. Title Insurance Through Lawyers**

Mailing Address 6545 Corporate Centre Boulevard

City Orlando State FL Zip Code 32822

Name of Employer or Principal Place of Business  
Title Insurance Through

Occupation  
Real Estate

**Transaction ID:** 1a-000066698

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066875

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066712

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

**Account:** 25

**Transaction ID:** 1a-000066723

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

19000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions  
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. AutoNation**

Mailing Address 110 SE 6th Street

City State Zip Code  
Ft. Lauderdale FL 33301Name of Employer or Principal Place of Business  
AutoOccupation  
Automotive

Full Name (Last, First, Middle Initial)

**Transaction ID:** 1a-000066702

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25**B. AutoNation**

Mailing Address 110 SE 6th Street

City State Zip Code  
Ft. Lauderdale FL 33301Name of Employer or Principal Place of Business  
AutoOccupation  
Automotive

Full Name (Last, First, Middle Initial)

**Transaction ID:** 1a-000066709

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

10000.00

**Account:** 25**C. Chiro-Pac**

Mailing Address 217 Kirkman Road, Suite 1

City State Zip Code  
Orlando FL 32811Name of Employer or Principal Place of Business  
Chiro-PacOccupation  
Chiropractic Association

Full Name (Last, First, Middle Initial)

**Transaction ID:** 1a-000066734

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

**Account:** 25**D. Florida Police Benevolent Assoc., PAC CCE Acc**

Mailing Address 300 East Brevard Street

City State Zip Code  
Tallahassee FL 32301Name of Employer or Principal Place of Business  
Florida Police BenevolentAssoc. PAC  
Occupation  
PAC**Transaction ID:** 1a-000066753

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

**Account:** 25**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

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FOR LINE NUMBER:  
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Charles J. Roberts, PA**

Mailing Address 1241 S Florida Avenue

City  
Rockledge

State  
FL

Zip Code  
32955

Name of Employer or Principal Place of Business  
Charles J. Roberts, PA

Occupation  
Law Firm

Full Name (Last, First, Middle Initial)

**B. RJ Reynolds**

Mailing Address PO Box 2955

City  
Winston-Salem

State  
NC

Zip Code  
27102

Name of Employer or Principal Place of Business  
RJ Reynolds

Occupation  
Tobacco

Full Name (Last, First, Middle Initial)

**C. FCCI Services Inc.**

Mailing Address 6300 University Parkway

City  
Sarasota

State  
FL

Zip Code  
34240

Name of Employer or Principal Place of Business  
FCCI Insurance Group

Occupation  
Consultant

Full Name (Last, First, Middle Initial)

**D. Florida Associated General Contractors For Better**

Mailing Address PO Box 10569

City  
Tallahassee

State  
FL

Zip Code  
32302

Name of Employer or Principal Place of Business  
Florida Associated General

Contractors  
Occupation  
Development

**Transaction ID:** 1a-000066905

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**Account:** 25

**Transaction ID:** 1a-000066873

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066749

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066714

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

3500.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

19500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. United Services Automobile Association**

Mailing Address 9800 Fredersburg Road

City State Zip Code  
San Antonio TX 78288

Name of Employer or Principal Place of Business

United Services Automobile

Association

Occupation

Auto

Full Name (Last, First, Middle Initial)

**B. Charles A. Whitehead**

Mailing Address Cook, Whitehead, Ford  
PO Box 16689

City State Zip Code  
Panama City FL 32406

Name of Employer or Principal Place of Business

Cook, Whitehead, Ford

Occupation

Owner

Full Name (Last, First, Middle Initial)

**C. Spoher Wilner Maxwell & Matthews**

Mailing Address 701 W Adams Street, Suite 2

City State Zip Code  
Jacksonville FL 32204

Name of Employer or Principal Place of Business

Spoher Wilner Maxwell &

Matthews

Occupation

Law Firm

Full Name (Last, First, Middle Initial)

**D. Florida Bank PAC-State**

Mailing Address PO Box 11117

City State Zip Code  
Tallahassee FL 32302

Name of Employer or Principal Place of Business

Florida Bank PAC-State

Occupation

PAC

**Transaction ID:** 1a-000066909

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

4000.00

**Account:** 25

**Transaction ID:** 1a-000066877

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

**Transaction ID:** 1a-000066776

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066888

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

21500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. TECO Energy Inc**

Mailing Address 702 N Franklin Street

City Tampa State FL Zip Code 33602

Name of Employer or Principal Place of Business  
TECO

Occupation  
Utility

Full Name (Last, First, Middle Initial)

## **B. TECO Energy Inc**

Mailing Address 702 N Franklin Street

City Tampa State FL Zip Code 33602

Name of Employer or Principal Place of Business  
TECO

Occupation  
Utility

Full Name (Last, First, Middle Initial)

## **C. James H. Pugh, Jr.**

Mailing Address President/Chairman Epoch Propertie  
359 Carolina Avenue

City Winter Park State FL Zip Code 32789

Name of Employer or Principal Place of Business  
Epoch Properties, Inc.

Occupation  
President

Full Name (Last, First, Middle Initial)

## **D. Robert Sims Bolt, Esq.**

Mailing Address 601 Bayshore Blvd, Suite 700

City Tampa State FL Zip Code 33606-2756

Name of Employer or Principal Place of Business  
Barnett, Bolt, Kirkwood

Occupation  
Attorney

Transaction ID: 1a-000066720

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: 25

Transaction ID: 1a-000066721

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

10000.00

Account: 25

Transaction ID: 1a-000066733

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: 25

Transaction ID: 1a-000066880

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Account: 25

**SUBTOTAL** of Receipts This Page (optional) .....

21000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Robert Sims Bolt, Esq.**

Mailing Address 601 Bayshore Blvd, Suite 700

City Tampa State FL Zip Code 33606-2756

Name of Employer or Principal Place of Business

Barnett, Bolt, Kirkwood

Occupation

Attorney

Full Name (Last, First, Middle Initial)

**B. Roy W. Lassiter**

Mailing Address 1033 Creeks Bend Drive

City Casselberry State FL Zip Code 32707-6049

Name of Employer or Principal Place of Business

American Pioneer

Occupation

President/CEO

Full Name (Last, First, Middle Initial)

**C. Florida BankPAC-State**

Mailing Address PO Box 11117

City Tallahassee State FL Zip Code 32302

Name of Employer or Principal Place of Business

Florida BankPAC-State

Occupation

PAC

Full Name (Last, First, Middle Initial)

**D. Community Education Partners**

Mailing Address 2636 Elm Hill Pike  
Suite 500

City Nashville State TN Zip Code 37214

Name of Employer or Principal Place of Business

Community Education Partn-

Occupation

Education

**Transaction ID:** 1a-000066782

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

2000.00

**Account:** 25

**Transaction ID:** 1a-000066774

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**Account:** 25

**Transaction ID:** 1a-000066878

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066747

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Lawyers Action**

Mailing Address 1224 Greensward Drive

City State Zip Code  
Tallahassee FL 32312

Name of Employer or Principal Place of Business  
Lawyers Action

Occupation  
PAC

Full Name (Last, First, Middle Initial)

## **B. CARPAC - Florida Automobile Dealers Associaiton**

Mailing Address 400 North Meridian Street

City State Zip Code  
Tallahassee FL 32301

Name of Employer or Principal Place of Business  
CARPAC - Florida Automobi-  
le Dealers As

Occupation  
PAC

Full Name (Last, First, Middle Initial)

## **C. Florida Carpenters Regional - CCE**

Mailing Address 1910 NW 53rd Avenue

City State Zip Code  
Gainesville FL 32653

Name of Employer or Principal Place of Business  
union

Occupation  
Political Cordinator

Full Name (Last, First, Middle Initial)

## **D. Kathleen Brennan**

Mailing Address 4778 Lancashure Lane

City State Zip Code  
Tallahassee FL 32309

Name of Employer or Principal Place of Business  
Self Employed

Occupation  
Community Volunteer

**Transaction ID:** 1a-000066718

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066746

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

**Account:** 25

**Transaction ID:** 1a-000066889

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066783

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

11500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Sam W. Klein Trust**

Mailing Address 5513 N. Military Trail #702

City

Boca Raton

State

FL

Zip Code

33496

Name of Employer or Principal Place of Business

Sam W. Klein Trust

Occupation

Retired

**Transaction ID:** 1a-000066730

Date of Receipt

/   /      
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

Full Name (Last, First, Middle Initial)

## **B. Entertainment Software Association**

Mailing Address 575 7th Street, NW  
Suite 300

City

Washington

State

DC

Zip Code

20004

Name of Employer or Principal Place of Business

Entertainment Software As-

Occupation

Entertainment

**Transaction ID:** 1a-000066857

Date of Receipt

/   /      
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

Full Name (Last, First, Middle Initial)

## **C. Rental Property Services - Booth Associates S.E. Inc**

Mailing Address 625 E. Tennessee St.  
Suite 200

City

Tallahassee

State

FL

Zip Code

32308

Name of Employer or Principal Place of Business

Rental Property Services -

Occupation

Real Estate

**Transaction ID:** 1a-000066874

Date of Receipt

/   /      
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

Full Name (Last, First, Middle Initial)

## **D. People For Access to Emergency Care, CCE**

Mailing Address 610 S.Boulevard

City

Tampa

State

FL

Zip Code

33606

Name of Employer or Principal Place of Business

People For Access to Emer-

Occupation

Health Care

**Transaction ID:** 1a-000066694

Date of Receipt

/   /      
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

32500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. Youth Services International**

Mailing Address 6000 Cattleridge Drive  
Suite 200

City Sarasota State FL Zip Code 34232

Name of Employer or Principal Place of Business

Youth Services Internatio-

nal

Occupation Community Service Organization

Full Name (Last, First, Middle Initial)

## **B. Governmental Solutions, LLC**

Mailing Address 324 East Virginia Street

City Tallahassee State FL Zip Code 32301

Name of Employer or Principal Place of Business

Governmental Solutions,

LLC

Occupation Business Consulting Firm

Full Name (Last, First, Middle Initial)

## **C. Florida Septic Association Inc.**

Mailing Address 781 Pickfair Terrace

City Lake Mary State FL Zip Code 32746

Name of Employer or Principal Place of Business

Florida Septic Association

Inc.

Occupation Sanitation

Full Name (Last, First, Middle Initial)

## **D. Mainline Information Systems**

Mailing Address 1700 Summit Lake Drive

City Tallahassee State FL Zip Code 32317

Name of Employer or Principal Place of Business

Mainline Information Syst-

ems

Occupation Information Processing

**Transaction ID:** 1a-000066725

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

**Transaction ID:** 1a-000066704

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**Account:** 25

**Transaction ID:** 1a-000066716

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

**Account:** 25

**Transaction ID:** 1a-000066731

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Mark T. Gallogly**

Mailing Address 333 Central Park West

City

New York

State

NY

Zip Code

10025

Name of Employer or Principal Place of Business

Blackstone Group

Occupation

Real Estate

**Transaction ID:** 1a-000066735

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

Full Name (Last, First, Middle Initial)

**B. Campaign Account of Curtis Richardson**

Mailing Address 533 Tuskegee Street

City

Tallahassee

State

FL

Zip Code

32305

Name of Employer or Principal Place of Business

Campaign Account of Curtis Richardson

Occupation

Candidate Committee

**Transaction ID:** 1a-000066745

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

Full Name (Last, First, Middle Initial)

**C. Evergreen LANDscape Design, Inc.**

Mailing Address 20232 NW 62nd Avenue

City

Alachua

State

FL

Zip Code

32615

Name of Employer or Principal Place of Business

Evergreen LANDscape Design, Inc.

Occupation

Landscaping

**Transaction ID:** 1a-000066773

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**Account:** 25

Full Name (Last, First, Middle Initial)

**D. NGM Insurance Company**

Mailing Address P.O. Box 2006

City

Keene

State

NH

Zip Code

03431

Name of Employer or Principal Place of Business

NGM Insurance Company

Occupation

Insurance

**Transaction ID:** 1a-000066787

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

13500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Greg Orman**

Mailing Address 330 Alhambra Circle

City

Coral Gables

State

FL

Zip Code

33134

Name of Employer or Principal Place of Business

Self Employed

Occupation

Attorney

Full Name (Last, First, Middle Initial)

**B. Lisa M. Murphy**

Mailing Address P.O. Box 2781

City

Bonita Springs

State

FL

Zip Code

34133

Name of Employer or Principal Place of Business

Self Employed

Occupation

Attorney

Full Name (Last, First, Middle Initial)

**C. Florida Community Pharmacy PAC**

Mailing Address P.O. Box 1575

City

Tallahassee

State

FL

Zip Code

32302

Name of Employer or Principal Place of Business

Florida Community Pharmacy

Occupation

PAC

Full Name (Last, First, Middle Initial)

**D. Coca-Cola Enterprises Inc, Employee Nonpartisam Committee for Good Government**

Mailing Address P.O. Box 723040

City

Atlanta

State

GA

Zip Code

31139-0040

Name of Employer or Principal Place of Business

Coca-Cola Enterprises Inc,

Employee No

Occupation

Beverage Distributors

**Transaction ID:** 1a-000066788

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066872

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066870

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

**Account:** 25

**Transaction ID:** 1a-000066885

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

17500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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FOR LINE NUMBER:  
(check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

## **A. FRVPC**

Mailing Address 401 N. Parsons Avenue  
Suite 107

City State Zip Code  
Brandon FL 33510

Name of Employer or Principal Place of Business  
FRVPC

Occupation  
RV PAC

Full Name (Last, First, Middle Initial)

## **B. Campaign Account of Richard Machek**

Mailing Address P.O. Box 6313

City State Zip Code  
Delray Beach FL 33482

Name of Employer or Principal Place of Business  
Campaign Account of Richard Machek

Occupation  
Candidate Committee

Full Name (Last, First, Middle Initial)

## **C. U.S. Education Finance Management Corp.**

Mailing Address 200 S. Biscayne Boulevard  
Suite 3800

City State Zip Code  
Miami FL 33131

Name of Employer or Principal Place of Business  
U.S. Education Finance Management Corp.

Occupation  
Finance

Full Name (Last, First, Middle Initial)

## **D. Government Services Group, Inc.**

Mailing Address 1500 Mahan Drive  
Suite 250

City State Zip Code  
Tallahassee FL 32305

Name of Employer or Principal Place of Business  
Government Services Group, Inc.

Occupation  
Business Consulting Service

**Transaction ID:** 1a-000066887

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**Account:** 25

**Transaction ID:** 1a-000066856

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

4000.00

**Account:** 25

**Transaction ID:** 1a-000066860

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**Account:** 25

**Transaction ID:** 1a-000066881

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

4000.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

23000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Law Office of Scott Johni, P.A.

Mailing Address 105 South Edison Avenue

City

Tampa

State

FL

Zip Code

33606

Name of Employer or Principal Place of Business

Law Office of Scott Johni,

P.A.

Occupation

Law Firm

**Transaction ID:** 1a-000066898

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	6

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**Account:** 25

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

296500.00

**Image# 27931061637**

Form/Schedule: **F3XA**

Schedule F correctly reflects the combined 441a.d. limits for the Congressional Candidates. Schedule F correctly reflects all increased limit disbursements.

Transaction ID:

Form/Schedule: **SF25**

Original 441a.d. authority

Transaction ID: **25-20-01147-01782**

\*\*\*\*\*